

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-5377		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE																
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY MONTH YEAR		TIME: MILITARY									
CRASH OCCURRED ON														WITHIN THE INTERSECTION OF									
Kroger, 1425 Columbus Ave, Lebanon, Oh., 45036																							
IF NOT IN INTERSECTION														(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE							
_____ MILES _____ FEET														W N E S OF		8321							
LOG-1		LOG-2		LOC		JUR		FH9		FILT													
A	UNIT NO.	NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/> PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO State Farm OR AGENT 333345E303SE									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)														ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Seals, Martha, A														3760 St. Rt. 350, Lebanon, OH., 45036									
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION									
513-649-5508		m   y		69		F				OH		RU197578											
OWNER (IF SAME AS DRIVER, WRITE SAME)														ADDRESS		PHONE							
Same																							
VEH YR	MAKE	MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR									
1997	Dodge	Dakota		Red		TK		OH		GHU6663		N/A		FROM TO									
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE													
				<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
8	UNIT NO.	NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/> PARKED		DRIVERLESS		HIT & RUN NON-CONTACT		INSURANCE CO. OR AGENT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)														ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Coomer, Lynn, L														1185 Settlemire RD, Lebanon, OH., 45036									
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION									
513-582-9344		m   d   y		46		F				OH		RQ553714											
OWNER (IF SAME AS DRIVER, WRITE SAME)														ADDRESS		PHONE							
Same																							
VEH YR	MAKE	MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR									
2015	Ford	Escape		Blu		SW		OH		GLN5109		N/A		FROM TO									
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE													
				<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES													
		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F													
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		INJURIES													
		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F													
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		INJURIES													
		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F													
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		INJURIES													
		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F													
INJURED TAKEN TO														By		A B C D E F		ALCOHOL					
INJURED TAKEN TO														By		A B C D E F		A B C D E F					
OFFENSE CHARGED AND DESCRIPTION														A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
OFFENSE CHARGED AND DESCRIPTION														A B C D E F		EJECTION		DRUGS					
RECEIVED CALL 1036														DISPATCHED 1030		ARRIVED 1031		CLEARED 1043		OTHER TIME		TOTAL MINUTES 00off	
DATE REPORT FILED 4/16/15														PHOTOS YES NO		OFFICER'S NAME Ptl Crockett Brumett		BADGE NO. 111		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG																							

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO 15-5377